

## DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814



April 25, 1975

ALL-COUNTY LETTER NO. 75-90

TO: ALL COUNTY WELFARE DEPARTMENTS

SUBJECT: SEMI-ANNUAL RECIPIENT REPORT ON AFDC, SOCIAL SERVICES, AND NONASSISTANCE  
FOOD STAMP - ETHNIC ORIGIN AND PRIMARY LANGUAGE (FORM ABCD 350) -  
CIVIL RIGHTS PROGRAM

## REFERENCE:

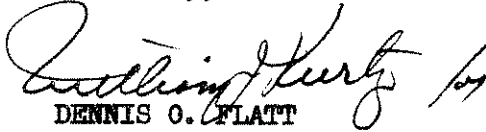
A new semi-annual Civil Rights Program report for collecting ethnic and primary language data on all AFDC and "Social Service" recipients has been established. The report, which will also collect data on the primary language spoken by Nonassistance Food Stamp participants, will become effective May 1, 1975, with the first report due June 8, 1975, and the second report for October 1975 due November 8, 1975. Normally, the reports will be for the months of April and October, but for the initial report only, the report month will be for May 1975. Thereafter, the report months will be April and October with the reports due on the 8th calendar day of the month following the report month.

Since the 1972 Amendments to the 1964 Civil Rights Act impose equal opportunity requirements upon all welfare departments, the report is considered necessary for measuring compliance with Federal Civil Rights regulations; for identifying problems regarding delivery of equal services to recipients; and for providing management with data needed for measuring the effects and accomplishments of county Affirmative Action Programs.

Both the reporting requirements and the methods of collecting ethnic and language data have been reviewed for legality, and we have been advised that the collection of this kind of information on persons receiving welfare services and on welfare applicants is not only allowed but required by federal law. It is therefore legally permissible to ask welfare recipients and applicants to voluntarily provide ethnic and primary language data about themselves. When such persons refuse to provide this information, it is the responsibility of the county welfare departments to make a determination based on visual observation and to record the necessary data.

Attached are copies of the report form (Form ABCD 350) with instructions. Additional forms may be ordered through regular channels. Questions regarding the report should be directed to the Information Desk, Program Information Bureau, at (916) 322-2230 or (ATSS) 492-2230.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dennis O. Platt", followed by a small flourish.

DENNIS O. PLATT  
Deputy Director

Attachments

cc: CWDA

SEMI-ANNUAL RECIPIENT REPORT ON AFDC, "SOCIAL SERVICES," AND NONASSISTANCE  
FOOD STAMP - ETHNIC ORIGIN AND PRIMARY LANGUAGE (FORM ABCD 350)

CONTENT

This report provides semi-annual data on ethnic origin and primary language of AFDC, "Social Services," and Nonassistance Food Stamp recipients.

PURPOSE

The data collection is necessary for (1) identifying problems regarding delivery of equal services to recipients, (2) providing management with data needed for measuring the effects and accomplishments of county Affirmative Action Programs, and (3) measuring compliance with Federal Civil Rights legislation.

DISTRIBUTION

Data from this report will be compiled and released to program managers, county welfare departments, and other interested persons and agencies.

DUE DATE

The report is to be received in Sacramento on or before the eighth day of the calendar month following the report period. Send report to:

Department of Benefit Payments  
Program Information Bureau  
744 P Street, Mail Station 12-81  
Sacramento, California 95814

When data are unavailable, or have not been reconciled, transmit a report by the due date containing all available information. Attach a note indicating when the Department can expect to receive the rest of the report. Forward missing data promptly as soon as available.

INSTRUCTIONS

The report months will be for April and October. However, for the initial report only, the report month will be for May 1975, with the due date June 8, 1975.

Ethnic Origin and Primary Language Procedure

Ethnic origin and primary language are to be determined by asking the applicant or recipient. If the applicant or recipient does not provide the information, it is the responsibility of the welfare department to make a determination based on observation and to record the necessary data.

Note: A revision is being made to Item 3 of Form WR 2, "Statement of Facts Supporting Eligibility for Assistance," to delete the ethnic origin (EO) code for "Unknown" (code 9) and to add a code 7 to designate ethnic origin, "Filipino." Until the revision is officially incorporated in Form WR 2, do not use code 9, and add code 7 for "Filipino."

### Social Services

Social Services are defined as those activities undertaken in carrying out the required and recommended programs specified in Chapter 10-050 and Divisions 30 and 31 of the State Department of Benefit Payments Manual of Operations, Policies and Procedures.

#### PART A. ETHNIC ORIGIN (PERSONS)

Applicable only to AFDC and "Social Service" recipients. Applicants not yet determined eligible during the report month are not to be reported.

For each ethnic category, in the applicable column, report the number of persons receiving AFDC or "Social Services."

#### AFDC

Count all other members of the recipient's family in the same ethnic category as the recipient. Report each person in only one ethnic category.

Total persons count for the AFDC (FG, U, BHI) column must equal the total persons reported in Item 8a(1) and 8a(2), Form CA 237 FG/U and Item 8a, Form CA 237 BHI for the same report month.

### Social Services

Report all persons (in AFDC, Adult Aids, Medical Assistance Only, and Social Services Only) who actually received one or more social services (in the report month) provided directly by the county welfare department. Do not include persons for which services are purchased from other organizations and facilities or for which only information and/or referral services are given.

Report each person only once regardless of the number of different services provided during the report month. Persons reported can be from the same family budget unit; however, each person must have received a separate social service.

#### PART B. PRIMARY LANGUAGE SPOKEN (CASES)

Applicable to AFDC, "Social Services," and Nonassistance Food Stamp recipients.

This part of the report applies only to those recipients whose primary language (one spoken most fluently) is a non-English language.

For the primary language spoken, in the applicable column, report the number of cases for each category.

Report only the recipient or head of household and not members of the recipient's or head of household's family.

Report only one primary language for each case.

Specify in a footnote, by language and number of cases, any entries in the Other Non-English columns.

ETHNIC DEFINITIONS:

White - Include persons of Indo-European descent, including Pakistani and East Indian.

Spanish Surnamed American - Include all persons of Mexican, Puerto Rican, Latin American, or Spanish descent.

Black - Include persons of African descent as well as those identified as Jamaican, Trinidadian, and West Indian.

Asian American - Include persons of Japanese, Chinese, or Korean descent.

American Indian - Include persons who identify themselves or are known as such by virtue of tribal association.

Other Non-White - Include Aleuts, Eskimos, Malaysians, Thais, and others not covered by the specific categories on the form.

Filipino - Include persons of Filipino descent.